

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to:
Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street N.W., Washington, DC 20503

1. Agency/Subagency originating request

Department of Health and Human Services, Health Care Financing Administration
Center for Beneficiary Services

2. OMB control number

a. G ____
b. X None__

3. Type of information collection
(check one)

- a. X New Collection
b. G Revision of a currently approved collection
c. G Extension of a currently approved collection
d. G Reinstatement, **without change**, of previously approved collection for which approval has expired
e. G Reinstatement, **with change**, of a previously approved collection for which approval has expired
f. G Existing collection in use without an OMB control number

For b-f, note item A2 of Supporting Statement Instructions

4. Type of review requested (check one)

- a. X Regular submission
b. G Emergency-Approval requested by: __/__/__
c. G Delegated

5. Small entities

Will this information collection have a significant economic impact on a substantial number of small entities? G Yes X No

6. Requested expiration date

- a. X Three years from approval date
b. Other Specify: _

7. Title Medicare+Choice Beneficiary Notices, Volume 1 and Supporting Regulations in 42 CFR, Section 422.60

8. Agency form number(s) (if applicable) HCFA-R-314

9. Keywords Medicare+Choice, Enrollment, Disenrollment, Managed Care, Marketin

10. Abstract : Section 4001 of the Balanced Budget Act of 1997 amended the Social Security Act to add section 1851, including 1851(c)(1) which directs the Secretary to establish a procedure through which M+C elections are made and changed, including the form and manner in which such elections are made and changed. Section 4001 added Section 1851(d) to require the Secretary to disseminate information to Medicare beneficiaries (and prospective Medicare beneficiaries) on the coverage options provided under M+C to promote an active, informed selection among the available options. The M+C enrollment notices are necessary to process an enrollment action when an election is made, and to disseminate information to beneficiaries on the status of their election.

11 Affected public (Mark primary with "P" & all others that apply with "X")

- a. X Individuals or Households d. ____ Farms
b. P Business or other for-profit e. ____ Federal Government
c. ____ Not-for-profit institutions f. ____ State, Local or Tribal Govt.

12. Obligation to respond (Mark primary with "P" and all others that apply with "X")

- a. P Voluntary
b. X Required to obtain or retain benefits
c. G Mandatory

13. Annual recordkeeping and reporting burden

- a. Number of respondents 2,853,347
b. Total annual responses 2,853,347
1. Percentage collected electronically 0 %
c. Total annual hours requested 109,314
d. Current OMB inventory 0
e. Difference 109,314
f. Explanation of difference
1. Program change 109,314
2. Adjustment _____

14. Annual reporting and recordkeeping cost burden (in thousands of dollars)

- a. Total annualized capital/startup Costs 0
b. Total annual Costs (O&M) 0
c. Total annualized cost requested 0
d. Current OMB inventory 0
e. Difference 0
f. Explanation of difference
1. Program change _____
2. Adjustment _____

15. Purpose of information collection (Mark primary with "P" and all others that apply with "X")

- a. P Application for benefits e. ____ Program planning or Mgmt.
b. ____ Program evaluation f. ____ Research
c. ____ General purpose statistics g. X Regulatory or compliance
d. ____ Audit

16. Frequency of recordkeeping or reporting (check all that apply)

- a. G Recordkeeping b. G Third party disclosure
c. X Reporting
1. X On occasion 2. G Weekly 3. G Monthly
4. G Quarterly 5. G Semi-annually 6. ____ Annually
7. G Biennially 8. G Other(describe) One time only

17. Statistical methods

Does this information collection employ statistical methods?

G Yes X No

18. Agency contact (person who can best answer questions regarding the content of this submission)

Name: Wendy Burger / Dawn Willingham

Phone: 410-786-1566 / 410-786-6141

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collections of information, that the certification covers:

- (a) Is necessary for proper performance of the agency's functions and has practical utility;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b)(3)
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to collected;
- (i) It uses effective and efficient statistical survey methodology; and,
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Sponsoring Official	Date
Reports Clearance Officer	Date
Signature of Senior Departmental Official or Designee	Date